

## APPLICATION FOR RECORDS RETENTION SCHEDULE

Georgia Department of Labor Employment Security Agency Administrative Services Division Records Management and Controls

INSTRUCTIONS: The Records Management Officer of the Agency's Records Management and Controls Unit will be of assistance in com-				
pleting this form. After Divisio	n Director/Designee has signed the form, forward original to Ac	Iministrative Services Division, Records		
Management and Controls, 130	Memorial Drive, S. W., Atlanta, Georgia 30303. Attention: Re	cords Management Officer		
FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE		
Application Date		Application Number		
	Georgia Department of Labor:	80-393		
Application Number	Unemployment Insurance Division			
reproductive trained	Special Programs Payment Unit	NOV - 4 4000 DEC 7 4000		
	154 Washington Street, Atlanta, Ga 30334	NOV - 4 1980 DEC 2 1980		
2. Person to Contact	Working Title	Telephone Number		
Bill Reynolds or Pa	aul Crawford Unit Supervisor	656-3074		
3. Action Requested				
	Schedule; record will continue to accumulate.			
_	accumulation; no further accumulation anticipated.			
c. Amend Application		☐ Supercede; ☐ Void		
4. Dates of Series Earliest Latest	5. Records Series Title (followed by title used in office; if diff	ferent)		
	Unpaid Terminated CETA Classroom Training (	Certification Cards		
6. Division and Office Function				
	The table table to the Division and the Office	in Annat fulls record series is creatent		
The Unemployment Ir	surance Service plans and directs the deter	mination of employer		
	ion of tax and wage reports, and processing			
the Georgia Employm	ment Security Law and the federal Unemployme	ent Compensation programs.		
Claims Administrati	lon supervises the receipt, processing and p	payment of claims for		
unemployment comper	nsation benefits.			
	ms Payment Unit supervises the processing of			
payments, work expe	erience and work incentive program payments.			
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7. Record Series Description	This file contains the following documents (include	form numbers and titles, if any):		
	Attach samples of the file.  certifying benefits issued for class	ssroom training		
Documents relating to:	Certifying benefits issued for crac			
technical area. CETA 61A	, 80-column tab card which includes training	project number, name,		
Included are: CETA GIA, 80-column tab card which includes training project number, hame, social security number, and date of last check received.				
See also unpaid ter	rminated CETA classroom training files			
•	·			
		,		
-		·		
File is arranged: numerica	ally by social security number			
8. Monthly Reference Rate	How often are records referred to which are:			
One to six months old1	$\frac{0}{1}$ ; Seven to twelve months old $\frac{1}{1}$ ; Thirteen to	twenty-four months old;		
twenty-five months and olde				
9. Annual Rate of Accumulatio	n of Records			
Letter-size drawers	; Legal-size drawers; Shelves; (	Other (specify) 2 tab card boxes		
**		annually		

YES NO 10. Questionnaire	(Place an "X" in the proper co	olumn)	
a. Is this the official If not, where is it			**************************************
_X_		requiring security handling? If yes, ci	te law or regulation
5. 5003 and sarres co		loyment Security Law 54-637	te law or regulation,
x c. Is this a vital reco			
	d. Does this series have historical or long term research value?		
x e. When one or two be scheduled sepa		necessary to keep the entire file for a lor	ig period, could these documents
		ublished? If yes, attach copy.	
g. Is the information If yes, attach copy		nalyzed and/or recorded in a summarize	d report?
	ion of this series in your office	, or in another office or agency?	
	major portion of it) regularly	microfilmed?	
		out? check register report:	see note below
11. Retention Requirements	······································	es the series to be kept:	
a. State Law	years.	d. Audit period	years.
b. Statute of limitation	7 years.	e. Administrative need	1 years.
c. Federal Law			
C. I Guerai Law	years.	f. Federal retention instruc	tions years.
Attach copy or excert of laws	or regulations. Explain admin	istrative need.	
Check register report	retained permanent.	until scheduled, in genera	1 fund control: all
		ices without terminals are	
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	<u>)                                    </u>		E i T
12. Approved Disposition Instruc		ends that the file series be cut off at the	•
	☐ Calendar Year,	deral Fiscal Year Other	then,
☐  Hold in the current files	area 24 month(	(s) vear(s): then	
☐ Transfer to local holding	g area; holdy	(s)year(s); then year(s); thenyear(s); then	<u>f</u> his
Transfer to State Record	ds Center; hold 6	year(s); then	
Destroy.	inese files may not p	e destroyed until all feder	al audit questions are
Other (Specify)	es for permanent retention.		resolved.
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	e e e e <del>e e</del> e e e e e e e e e e e e e	en jaran ege er er en gager er men en e	
Division virgitor Designee	prior and future accumulation	ns of the series.	· · · · · · · · · · · · · · · · · · ·
Divisiping ingredible in	(Signature) Date	1 11/1/1 01/11	
Malen 6	10/30/	180 William Filha	10-29-80
ESA Director (Signate		Records Management Office	r (Signature) Date
Motor	pron	Marked ( landle	11 VA/72 /OX
(/ INVIII		State Records Committee	(Signature) Date
Recommendations in paragraph			
12 are approved. (If disapproved attach letter of explanation.)	y, State Auditor/Designe	e handole	el 11-26-80
	Secretary of State/Design	nee Canall Ha	11-25-8
an <b>V</b> inter and year	Attorney General/Design		
	Trought General/Design	nee ROMIC WIL	1 12-1-80